



ASC Utilization Report  
State Form 49933 (R3/6-05)  
Indiana State Department of Health  
Acute Care

Status: Finalized

I. Center Identification

Organization Name: NORTH MERIDIAN SURGERY CENTER  
Street Address: 13225 N. MERIDIAN ST.  
City: CARMEL  
County: HAMILTON  
Administrator Name: RYAN BEAVERSON  
Administrator Email: DIRECTOR@NMSURGERYCENTER.COM  
ASC Web Address: WWW.NMSURGERYCENTER.COM  
Fiscal Year: 2021

Accredited:  Yes  No

Name of Accrediting Body: AAAHC

Deemed Status:  Yes  No

Corporate Tax Status:  For Profit  Non Profit

II. Identification of Surgical Resources

Number of operating rooms	3
Number of procedure rooms	2

III. Utilization Statistics

A. Total Patients and Procedures		
Time Period	Number of Patients	Number of Procedures

Persons Served in twelve-month period	3734	12019
<b>B. Ten Most Frequent Surgical Procedures Performed</b>		
<b>CPT Code</b>	<b>Total Procedures</b>	
64483	575	
62323	417	
22551	275	
22845	269	
63047	213	
22853	200	
64479	184	
63030	170	
64493	169	
62321	149	

#### IV. Outcomes from Surgical Procedures

Number of patients with a Post-Surgical wound infection within 30 days following a surgical encounter.	3
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